

Abuse and Trauma in Women: Broadening the Social Context

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Koss (March 1990) and McBride (March 1990) each raised important points in their articles when they described the alarming statistics and factors associated with the victimization of women in this country. Koss noted that the victimization is particularly insidious because it often takes place within a familiar and purportedly supportive social context. The implications of this are that social context may be a significant factor in the genesis of trauma syndromes.

One little-known group that demonstrates many of the points made by Koss (1990) and McBride (1990) is women veterans. Despite growing professional and public interest in the overall topic of *trauma* (Breslau & Davis, 1987; Ochberg, 1988), few people are aware of the roles held by women veterans or the range of traumatizing experiences they potentially encounter. In actuality, a surprising number of these women have experienced forms of criminal, intimate, and socially condoned violence (i.e., the violence associated with war) in a variety of contexts during the course of military service. These traumas range from environmental life threats (e.g., being under rocket or mortar attack) to job-related activities (e.g., witnessing questionable medical procedures during wartime; having sole responsibility for life-determining triage decisions) to social-interpersonal incidents (e.g., sexual harassment, rape; cf. Van Devanter & Morgan, 1983; Walker, 1985). Many may have also experienced considerable premilitary trauma.

The National Vietnam Veterans Readjustment Study (Kulka et al., 1988) recently provided some of the first scientific data confirming that women veterans, like their male counterparts, in fact suffered substantial rates of lifetime, current, and partial posttraumatic stress disorder (PTSD) related to their exposure to severe war-zone stressors. These findings show that nearly one half (48%) of women Vietnam theater veterans have met criteria for full or partial PTSD at some point in their lives following wartime service (see also Furey, 1990). This is especially distressing considering that, although 7,000–10,000 women served with the U.S. military in Vietnam, no statistics were kept by the U.S. government or the Department of Defense about either the exact number or the deployment of these women (Russell, 1983).

Despite emerging information, many civilians and veterans continue to believe that women in the military are insulated from trauma and victimization because they are deployed in "noncombat" specialties. This impression contrasts starkly with the range of horrific military and wartime incidents that some women veterans have faced (Wolfe, 1990). More important, it fails to acknowledge the strong possibility that secondary traumatization may occur as a result of the underlying social context. Because women function as a minority in a traditionally male and socially encapsulated military environment, they often experience a disturbing sense of invisibility in their day-to-day functioning, as well as in their attempts to verify their status as "real" veterans (McVicker, 1985). Like earlier life traumas, these subtle social-contextual factors may seriously compromise women veterans' abilities to handle subsequent and more obvious life stressors. Thus, the role of social context takes on a particular significance.

It is likely that the issues relating to the exposure and recovery of women veterans will not go away. During the World War II era, approximately 2% of the U.S. Armed Forces were women. That rate steadily increased to 10% by 1988 and may rise further (Dienstfrey, 1988). Given this possibility, it is essential that psychologists play a greater role in helping to increase social and scientific awareness of the psychosocial contexts in which trauma and violence occur, and of their profound effects on adjustment. Koss (1990) and McBride (1990) call for advances in formal psychological assessment of criminal and intimate violence as a preliminary step toward achieving the women's mental health research agenda. Research efforts in the field of PTSD, specifically with veterans, have recently made considerable gains in advancing assessment methodologies in this area (Litz, Penk, Gerardi, & Keane, in press). Preliminary work in our laboratory has resulted in the development of one of the first war-zone exposure scales for women, an element lacking in existing (male) combat scales (Wolfe, 1990). Additional research is now needed to examine in greater detail the interaction among gender, social context, and traumatization. Systematic exploration of the wartime and peacetime exposure of women veterans provides an unexpected and valuable basis for the study of women, violence, and trauma in general.

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Doing Violence to ". . . Violence Against Women"

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Having read comments on Walker (April 1989) by Mills (May 1990) and Mould (May 1990), along with Walker's (May 1990) response, I was left with the feeling that none of the three spoke to the point so clearly identified by Walker's article.

Mills (1990) accused Walker (1989) of misandry, claiming that she implied that all women are victims of all men. He cited reasons to believe that violence by women toward men may equal that by men toward

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